

## Community Pathways Waiver – **REVISED DRAFT Proposal**

Service Type: Statutory

Service (Name): Day Habilitation

Alternative Service Title: **DAY HABILITATION**

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

### Service Definition:

- A. Day Habilitation services help individuals learn new skills and keep the skills they currently have related to their personal goals and outcomes. Services are designed to foster the learning of new skills, building positive social behavior and interpersonal skills, greater independence, and personal choice. Formal teaching methods are used such as systematic instruction.
- B. Day habilitation activities may include:
1. Learning general skills that can be used to do the type of work the person is interested in;
  2. Meeting new people, ~~and~~ making friends and going to classes/activities for fun, fitness or to learn;
  3. Participating in local and community events;
  4. Volunteering within a non-profit organization whose mission the person supports;
  5. Training and supports designed to maintain abilities and to prevent or slow loss of skills for individuals with declining conditions;
  6. Transportation services; and
  7. Retirement activities.

### SERVICE REQUIREMENTS:

- A. Day Habilitation ~~services and~~ supports can be provided in a variety of settings in the community or a facility owned or operated by the provider agency.
- B. An individualized schedule will be used to provide an estimate of what the individual will do and where the individual will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the individual. The individualized schedule will be based on a person-centered plan. Each individual will have an individual activity schedule based on their preferences, interests, and choice that supports integration in and access to the community. Activity plans must be updated and corrected based on actual activity.

- C. A person-centered plan may include a mix of employment and day related waiver services such as Employment Services, Community Development Services, or Transitional Employment Services provided at different times.
- D. Transportation to and from and within the day activities will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.
- E. ~~Day Habilitation may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.~~
- ~~F. Any other professional services will only be covered under the waiver if the Program has denied a covered service and the service has been pre-authorized by the DDA.~~
- G.F. Day Habilitation does not include vocational services that: (1) teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job and (2) are not delivered in an integrated work setting through supported employment supports.
- H.G. Day Habilitation services are not available under self-direction model.
- I.H. The service is billed on an hourly rate.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Day Habilitation services are provided Monday through Friday only.

Day Habilitation services may not exceed a maximum of eight (8) hours per day (including other Community Development Services, Employment Services and Transitional Employment, ~~Employment Discovery and Customization and Community Development Services~~).

**Service Delivery Method (check each that applies)**

- ☐ Participant Directed as specified in Appendix E
- ☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Licensed DDA <del>Vocational or</del> Day Habilitation Service Provider

**Provider Category:** Agency

**Provider Type:** Licensed DDA ~~Vocational or~~ Day Habilitation Service Provider

**Provider Qualifications License (specify):**

**License (specify):**

Licensed DDA ~~Vocational or~~ Day Habilitation Service Provider as per COMAR 10.22.02 and 10.22.07

**Certificate (specify):**

**Other Standard (specify):**

Staff must possess appropriate licenses/certifications as required by law-regulations based on service provided and needs of the person at time of service.

#### **Verification of Provider Qualifications Entity**

##### **Responsible for Verification:**

- DDA for license
- Provider for staff licenses, certifications, and training

##### **Frequency of Verification:**

- DDA – annual for license
- Provider – prior to service delivery